

Entered -05-21-01 - sb
CL 01L0326 - GWENDOLYN BURNS

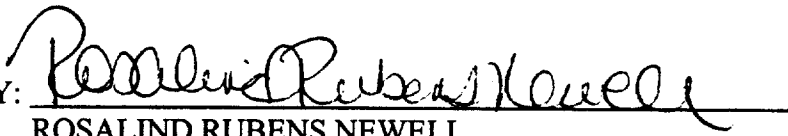
01-R-1042

CLAIM OF:

MARGARET S. HAYES
2828 The Fontainebleau, SW
Atlanta, Georgia 30331

For property damages alleged to have been sustained from sewer back ups on March 15, March 19, and March 29, 2001 at 2828 The Fontainebleau, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0326

Date: June 26, 2001

Claimant /Victim MARGARET S. HAYES
BY: (Atty) (Ins. Co.) _____
Address: 2828 The Fontainebleau, SW, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage \$ 9,298.63 Bodily Injury \$ _____
Date of Notice: 5/14/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 3/15/01, 3/19/01, 3/29/01 Place: 2828 The Fontainebleau, SW
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained damages to her home from several sewer back ups. However, an investigation determined that the back ups resulted from a broken manhole that is located in East Point and not the City of Atlanta. The claimant has been informed of same and her claim has been forwarded to the City of East Point for resolution.

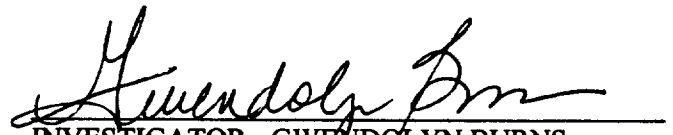
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

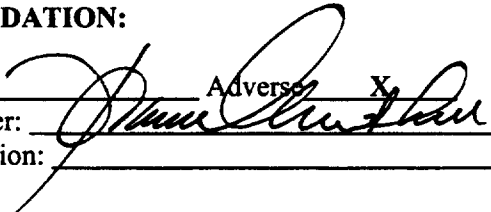
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-28-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS

05/17/01

Today's Date: May 7, 2001

MAY 4

ENTERED - 5-21-01 - SB
01L0326 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3,933.64 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: March 15, March 19, March 29, 2001 2. Time of Incident: 3. Police called: ☒ Yes ☐ No
(month/day/year)

4. Location of incident (including street address): 2828 The Fontainebleau Atlanta GA 30331

5. Name of your insurance company: State Farm Policy No. 163-8311-021-11A

6. State what and how incident occurred:

See attached details

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: N/A
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle:
(Make) (City Driver's Name) (Department/Bureau)

9. Witness:
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Ellen H. Hill
for Margaret S. Hayes
See attached
Power of attorney

Margaret S. Hayes
(Print Claimant's Name)

2828 The Fontainebleau
(Address)

Atlanta GA 30331
(City, State and Zip Code)

(Work Number)

(Home Number)

01-R-1042